

Indiana Election Commission (IC 3-9-5-14)

State Form 4606 (R13/11-05)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? (Yes No

(CFA-4) **Summary Sheet**

FILE NUMBER

123 18

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION					
1. Full Name of Committee (as on Statement of Organization) Check if this is a new name					
RUSSELL CAMERON FOR MAYOR					
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number				
	(317) 896-4412				
4. Mailing Address (address where all campaign finance correspondence is received)	Check if this is a new address				
16 NORTH UNION STREET					
5. City, State, ZIP Code	6. Party Affiliation (if applicable)				
WESTGEID INDIANA 46074	REPUBLICAN				
CANDIDATE INFORMATION (For Candidate's C	8. Party Affiliation or If Independent Candidate				
7. Full Name of Candidate (include any nickname)	0-0 01				
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Gounty of Residence				
MAYOR OF WESTFIELD	HAMILTON				
TYPE OF REPORT	CONVENTION CANDIDATES ONLY				
11. Check one:	Check one:				
Pre-Primary Pre-Election Annual Nomination Other	Pre-Convention				
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Uutgoing Treasurer (within 10 days amend Statement of	of Organization) Post-Convention				
12. Reporting Period:	COLUMN A COLUMN B				
From: 1-22-2010 Through: 12-31-2010	This Period Year to Date				
13. Cash on hand and investments at the beginning of this reporting period.	0				
14. Cash on hand and investments January 1, current year.	Ű				
CONTRIBUTIONS AND RECEIPTS					
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	10102 D 9117 On				
15a. Itemized (use Schedule A) 15b. Unitemized	100.28 100.29				
	TOTAL 9202.84 9202.94				
	TOTAL 9202.84 9202.44				
EXPENDITURES	101.0				
(Note: These amounts include in-kind expenditures and loan repayments.)					
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	7940.30 7940.30				
17b. Unitemized	137.79 132.79				
17c. Add lines 17a and 17b in both columns SUE	BTOTAL 8073.09 8073 09				
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL 1/29.75 1/29.75				
19. Debts OWED BY the committee (use Schedule D)	O O				
20. Debts OWED TO the committee (use Schedule E)	O				
CERTIFICATION	FOR OFFICE USE ONLY				
CERTIFICATION ST OF MY KNOWLEDGE AND BELIEF IT IS					
Title MEASUREN	Dale				
	Date/18/201				
d for sale or used for any commercial purpose person who fails to file a complete or accur	e. (IC 3-9-4-5) A person who knowingly				
Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-					



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE	NUME	ER	
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CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
"MOLLANNE CAMERON	Contributions:	, LINOS		
4089 E. 1615 STREET	In-Kind (describe)	~ ^		6/9/2010
WESTFIELD IN 46062	Other Receipts:	50	50	Russel/
_	Misc (specify)			CAMERON
Contributor's Occupation (Il required) RETAI) STORE OWNE				,
Mollianne Cameron	Contributions: Direct In-Kind (describe)			6/18/2010
4089 E- 16135 Street		907.56	95256	
WESTFIELD IN 46062	Other Receipts: Interest X Loan Misc. (specify)	700	,	Pussell CAMBROD
Contributor's Occupation (if required) ZETAIL STORE GUING	e			
3 Russell CAMBRON	Contributions: Direct			6/23/2010
4089 E- 161st STREET	In-Kind (describe)			
WESTFIELD IN 46062	Other Receipts: Interest Loan Misc. (specify)	2000	7000	Russell
Contributor's Occupation (if required) INVESTOR				CAMBRON
* Chris Rooke	Contributions: Direct			7/4/2010
6445 Ruby Street	A In-Kind (describe) OFFICE Signs (Shaffe)	850	(00)	, 1
Indianapolis IN 46236	Other Receipts:	0,70	850	Russell
Contributor's Occupation (If required) Auto Parwter	Misc. (specify)			CAMBRON
MAURICIO GENETIMIN	Contributions:	-		9/2/2010
675 SolANO PRADO	In-Kind (describe)		7,000	
CORAL GABLES FL 33156	Other Receipts: Interest Loan Misc. (specify)	2000	0000	
Contributor's Occupation (if required) RACE PRIVER	——————————————————————————————————————			
	THIS PAGE OF SCHEDULE A	\$580256		
TOTAL OF ALL PAGES OF SCHEDULE A	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$		



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(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

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	FILE	NUME	BER		
Page _	3	of	3	6	Re

CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
1. Russell CAMERON	Contributions: Direct In-Kind (describe)	·		10/1/2010
4089 E. 16155 STREET WESTAEID, IN 4606Z	Other Receipts:	500	2500	Russell
Contributor's Occupation (if required) INVESTOR	Misc. (specify)			CAMERON
2 Russell CAMERON	Contributions: Direct In-Kind (describe)	-		10/8/2010
4089 ED 1615 STREET WESTFIELD, IN 46062	Other Receipts:	1000	3500	Russel)
Contributor's Occupation (if required) INVESTOR	Misc. (specify)			CAMBRO
3 Phil Gumpert	Contributions: Direct In-Kind (describe)			10/25/2010
FO BOX 20526 Indianapolis, IN 46220	Other Receipts:	150	150	Pussel/
Contributor's Occupation (if required)	Misc. (specify)			CAMBRUN
Russell Cox	Contributions: Direct In-Kind (describe)			10/25/2010
8440 woodfield Crossing Blud. Suite 170 FNDIANAPOLIS, IN 46240	Other Receipts:	200	200	hussel/
Contributor's Occupation (if required) LAWYEN	Misc. (specify)			CAMERON
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
	THIS PAGE OF SCHEDULE A	\$ 1850		
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1 Stitches AND SCONES INC 120 North UNION STREET WEST FIELD, IN 46074	Contributions: Direct In-Kind (describe) OFFICE SPACE Other Receipts: Interest Loan Misc. (specify)	1700	1700	7/1/2010 Pussell CAMERON
ZINKAN AND BARKER DEVELOPMENT COMPANY 5332 NORTH TEMPLE AUG INDIANAPOLIS, IN 46220	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	250	250	11/8/2010 Russell Cameran
3.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 1450		
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	\$ 9102.56		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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					!
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code A Mollianne Cameau 4089 E. 161st Street Wostfield, IN 46062	CARMEL PARADE	Direct SL-In-Kind Payment of Debt Returned Contribution Other Purpose: PARACE FEET	50	50	6/9/2010
CODE A Mollianue Cameron 4089 E. 1615 STREET WESTAFID, IN 46062	J T-Shirts	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	90255	95256	6/18/2010
120 HORTHER SCONES 120 HORTH UNION ST. WESTREID, IN 46002	Office space	Direct \(\sum_\text{In-Kind} \) \(\text{Payment of Debt} \) \(\text{Returned Contribution} \) \(\text{Other} \) \(\text{Purpose:} \) \(\text{Off (CF Reufa)} \)	1700	1200	7/1/2010
Code A Chris Rookt 6445 Ruby Street Indian Apolis, IN 46236	office signs	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	950 Kur	950	7/4/2010
192 HOWARD STREET PMB # 531 SAN FRANCISCO CA 94105	WEB DATA	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	(40	140	7/1/2010
90 W SIERRA MADRE Unit # 273 SIERRA MADRE, CA 910 ZY	WEB Hosting	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	105	108	7/1/2010
8642 Log RUNDR. N. Trodianapolis, IN 46234	BANNER TOWING	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	500	590	7/7/2010
	SUBTOTAL THIS PAG	SE OF SCHEDULE B	\$ 3747.56		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE		\$		



OF A POLITICAL COMMITTEE State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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RECIPIENT'S NAME AND MAILING ADDRESS RECIPIENT'S OCCUPATION TYPE OF EXPENDITURE COLUMN A COLUMN B (street, number, city, state, ZIP code) and AMOUNT THIS CUMULATIVE	DATE OF
OFFICE SOUGHT (if applicable) PURPOSE (be specific) PERIOD YEAR-TO-DATE	EXPENDITURE
Code A MIKE GIBERT WEB SITE Direct In-Kind	7/16/2010
402 South GEORGIA ST Payment of Debt Payment of Debt Returned Contribution 900 900	110/00/0
Harry 9	
Code A WAI - MART RETAIL STORE Payment of Debt	3/2/2010
WEST PIEUR CARME Returned Contribution 105.01 105.01	/ '
LvDIAvA Purpose:	
CANDY PARADE	
Code A IMAGE Builders PRINTING Payment of Debt	10/5/2010
DD BOV 19	20,0
D	
NOSIESULIE IN 46061 LITERATURE	
Code A REMINDER BANDS SILICAN BANDS Direct In-Kind	10/7/2010
919 N. 1000 W - Returned Contribution 35/32 351	
(1)9AN (1+ 84371) Purpose:	
Code A I MAgé Builders Printing Direct In-Kind Payment of Debt Returned Contribution 1979.77 2,709.31	0/14/2010
PO Box 69 Returned Contribution 1979.77 7 7 9 9	,
NOVIEDVINE LA (VIII)	
Code O FRONTIEZ OFFICE Phone Payment of Debi	10/29/2016
Code O FRONTIER OFFICE Phone Dible Payment of Debt Payment of Debt Payment of Debt Other Other Purpose:	/ - (-
PHX- AZ. 85062	
	<u> </u>
Payment of Debt	12/2010
P.O. Box 2951 Returned Contribution 63.42 126.84	
PHV. AZ. 95062 Purpose:	
SUBTOTAL THIS PAGE OF SCHEDULE B \$4192.74	
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY	